CITY OF GOODYEAR EVENT APPLICATION

(Due 60 Days Prior to Event)

APPLICANT:	
Name:	
Address for contact:	
Phone for contact:	AZ Sales Tax #
Email address:	
City of Goodyear Sales Tax # The applicant agrees to abide by or co	TLD &B # mply with all conditions of the applicable permit.
SPONSORING ORGANIZATION:	
Name:	
Address for contact:	
Phone for contact:	AZ Sales Tax #
City of Goodyear Sales Tax #	TLD &B #
NAME OF HEAD OF ORGANIZATION (if of	other than applicant):
	Date Incorporated//
EVENT CONTACT (if other than applicant):	
Name:	
Address for contact:	
Phone for contact:	AZ Sales Tax #
City of Goodyear Sales Tax #	TLD &B #
PURPOSE OF EVENT:	
FUND RAISER (YES) (No)	
If yes, please describe what funds will be used for	or:
Beginning Date:/ TIME: asso	emble: start: terminate:
End Date:/ RAIN DATE	E:/ through/

ASSEMBLY AREA	DISBA	ANDING AREA
TRAFFIC CONTROL PROVIDED E	3Y:	
SECURITY PROVIDED BY:		
ESTIMATED RECEIPTS:		
To whom:		
INSURANCE COVERAGE OF \$50	00,000 HOLDING CI	TY HARMLESS (ATTACH BINDER):
LIQUOR WILL/WILL NOT BE SI	ERVED (Circle One)	
By whom: Name	Address	Phone
AZ Tax #		
the event.		
vendors, address, phone number, plus city (TLD&B where appropriate) lice	tax numbers and activeness 60 days prior to to participate in any a	ed forms 60 days prior to event (attach list of rity of each). Each vendor must also have state, event. Failure to have such required licenses ctivity. NO OWNER/OPERATOR/VENDOR TTHE REQUIRED LICENSES.
		F EVENT UNITS, INCLUDING VEHICLES, UCTION OF STRUCTURES, AND ANY
PLEASE ATTACH SITE MAP		

Site map should include map location of event to be held and set up of tables, chairs, tents, etc.